

How do I use the Out-Of-Service-Area Plan

When you need care, you have three options:

In-Network

Preferred Provider

Access the Provider Directory OR Check online at www.bluecares.com.
Verify current Network Physician status. Call the Referral Service Unit
at 800-810-BLUE (2538).

You benefit from:

- acceptance of BCBS card
- direct reimbursement to provider
- no balance billing
- no deductibles and reduced coinsurance levels

Out-of-Network

Participating Physician

You benefit from:

- acceptance of BCBS card
- direct reimbursement to provider
- no balance billing

You are responsible for:

- deductibles
- coinsurance

Non-Participating Physician

You are responsible for:

- direct payment to provider
- balance billed amount up to provider charges
in excess of Plan Allowance
- deductibles and coinsurance

What is a Preferred Provider, Participating Provider and Non-Participating Provider?

In-Network

BlueCross BlueShield Preferred Providers are doctors, hospitals and other health care providers who have contracted with local BlueCross BlueShield (BCBS) Plans. They have agreed to honor your membership card and bill your local BCBS Plan directly for services rendered. They have agreed to refer you only to network providers. You benefit because your out-of-pocket costs are kept to a minimum.

The Out-Of-Service Area Plan provides employees with two plan options. You have the options of utilizing preferred providers within the network, or you may go to the provider of your choice outside of the network. The payment levels vary under each option. When you access providers within the network, you have no deductibles and lower coinsurance which reduces your out-of-pocket costs. Going outside of the network will result in higher deductibles and coinsurance.

Out-of-Network

BlueCross BlueShield Participating Providers have also contracted with local BlueCross BlueShield (BCBS) Plans. They have agreed to honor your membership card and bill your local BCBS Plan directly for services rendered. They have also agreed to accept the allowed benefit as “payment in full” for your covered medical services. However, you are responsible for the higher out-of-network deductible and coinsurance since your provider is not a Preferred Provider in the network.

Non-Participating Providers have no contractual status with BCBS Plans and will not be reimbursed directly by BCBS Plans. You are responsible for paying your provider in full and then you are reimbursed directly by your BCBS Plan based on the “Plan Allowance” for the services rendered.



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